DECLARATION AND POWER OF ATTORNEY

(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD FOR ALLEVIATING SYNDROMES AND CONDITIONS OF DISCOMFORT OF THE MAMMALIAN INTESTINAL AND GENITO-URINARY TRACTS

the specification of which is attached hereto and/or was filed on	as
Application No	
I hereby state that I have reviewed and understand the contents of the above	-
identified specification, including the claims, as amended by any amendment referred to he	erein.
I acknowledge the duty to disclose information which is material to patenta	bility
in accordance with Title 37, Code of Federal Regulations, Section 1.56.	
I hereby claim foreign priority benefits under Title 35, United States Code,	
Section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed by	elow

Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

			Priority Claimed _ [] Yes [] No
(Number)	(Country)	(Day/month/year filed)	_
			_ [] Yes [] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

60/262,759 (Application No.)	January 19, 2001 (Filing Date)	Priority Claimed [X] Yes [] No
		<u>Priority Claimed</u> [] Yes [] No
(Application No.)	(Filing Date)	
And I hereby appoin	t the registered attorneys and agents a	associated with AKIN,
GUMP, STRAUSS, HAUER & F	ELD, L.L.P., Customer No. 000570	, as my attorneys or
agents with full power of substitution	on and revocation, to prosecute this ap	pplication and to transact
all business in the Patent and Trade	mark Office connected therewith.	
Address all correspo	ndence to Customer No. 000570, na	mely, AKIN, GUMP,
STRAUSS, HAUER & FELD, L.	L.P., One Commerce Square, 2005 M	farket Street, Suite 2200,
Philadelphia, Pennsylvania 19103.	Please direct all communications and	l telephone calls to
WILLIAM W. SCHWARZE at 2	15-965-1270.	
I hereby declare that	all statements made herein of my ow	n knowledge are true
and that all statements made on info	ormation and belief are believed to be	true; and further that
these statements were made with th	e knowledge that willful false statem	ents and the like so
made are punishable by fine or imp	risonment, or both, under Section 10	01 of Title 18 of the
United States Code and that such w	illful false statements may jeopardize	e the validity of the
application or any patent issuing the	ereon.	
Full name of sole inventor, if any Alan	E. Kligerman	
Inventor's Signature		
Date		
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